MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

08991

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 13 West 6th St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State md (b) County Frederick
(c) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 13 West 6 St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Infant Ambush. ~~[illegible]~~

3 (b) If veteran, name war —
3 (c) Social Security No. —

4. Sex Female
5. Color or race Colored
6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 14-1939

8. AGE: Years — Months — Days — If less than one day 0 hr. 0 min.

9. Birthplace Frederick, Frederick Co md.
(Town, county, and state)
10. Usual occupation —
11. Industry or business —

FATHER
12. Name Edward Ambush.
13. Birthplace Lime Kiln md.

MOTHER
14. Maiden Name Pearl Duckett.
15. Birthplace Frederick md.

16 (a) Informant Edward Ambush.
(b) Address Lime Kiln md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9-16-39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Montrose
Location near Frederick.

18 (a) Funeral director Conrad Funeral Home
(b) Address Frederick md.

19 (a) 16-Sept-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 14 1939, at 10 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 14 1939, to Sept 14 1939 and that I last saw ~~him alive on~~ her dead Sept 14 1939.

Immediate cause of death unscavenged
Due to Undetermined
Due to —
Other conditions —
(Include pregnancy within 3 months of death)
Major findings: —
Of operations
Of autopsy NO

Duration: 4 months Female

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm S Simmons
M. D. or other
Address Frederick Date signed 9-16-39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (75)

CERTIFICATE OF DEATH

08992

Reg. Dist. No. 131

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Frederick
City or town: Frederick R.F.D 5 Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 15 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Frederick, RFD #5 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: No

3. (a) FULL NAME: Elwood L. Baugher

3. (b) Social Security Number: 214-10-4106

4. Sex	5. Color or race	6. (a) ~~Single~~, married, ~~widowed, or divorced~~
Male	White	Married

6 (b) Name of ~~husband or~~ wife: Mildred Baugher
6 (c) If alive, give age: 34 years

7. Birth date of deceased (mo., day, yr.): Sept. 12-1902

8. AGE:

Years	Months	Days	If less than one day
37	0	11	hrs. min.

9. Birthplace: Harmony, Frederick County, Md.
(Town, county, and state)
10. Usual occupation: Utility Lineman
11. Industry or business: Potomac Edison Co.

FATHER
12. Name: Lewis Baugher
13. Birthplace: Middletown Md.

MOTHER
14. Maiden name: Anna Summers
15. Birthplace: Middletown, Md.

16. Informant: Mrs. Elwood L. Baugher
Address: R.F.D 5 Frederick, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept. 25, 1939 (month) (day) (year)
Cemetery or ~~crematory~~: Cemetery, Brethren
Location: Harmony Md

18. Funeral director: Gladhill Company
Address: Middletown, Md

19. 25-Sept 1939 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 23 1939, at 12 15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Suddenly 19 to 19, and that I last saw him alive on Sept 23 1939

Immediate cause of death	DURATION
Acute Alcoholism	5 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: None.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Elmer Harp M. D. or other
Address: Middletown Date signed 9-25-39

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

08993

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, ~~hospital, or institution.~~ 504 N. Market St

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 75 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City ~~or town~~ Frederick Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. 504 N. Market (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Denis Eugene Bruchey

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Male

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of ~~husband~~ or wife Mary E. Bruchey

6. (c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Apl 2nd 1864

8. AGE: Years 75 | Months 5 | Days 15 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual occupation Saw Mill Operator

11. Industry or business Lumber

FATHER

12. Name Basil W. Bruchey

13. Birthplace Frederick Co. Md.

MOTHER

14. Maiden Name Catherine E. McDevitt

15. Birthplace Frederick Co. Md

16 (a) Informant Mrs. Denis E. Bruchey

(b) Address Frederick Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Sept. 19/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Olivet

Location Frederick Md

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick Md.

19 (a) 19-Sept-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 17 1939 at 7 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 9 1939, to Sept 17 1939, and that I last saw him alive on Sept 17 1939

Immediate cause of death Apoplexy — Duration 8 Days

Due to Cerebral Hemorrhage;

Due to

Other conditions Hypertension Arteries Sclerosis (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H J Hushen M. D. or other

Address Frederick Md Date signed 9/18/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 5 1939
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

08994

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 405 West Smith

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 70 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 405 West Smith St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** James Albert Brust

3 (b) If veteran, name war	3 (c) Social Security No.
none	none

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~.
male	white	single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 22 1869

8. AGE: Years	Months	Days	If less than one day
70	6	10	____ hr. ____ min.

9. Birthplace Frederick, Fred, Md (Town, county, and state)

10. Usual occupation Worked Tannery Mill

11. Industry or business

FATHER

12. Name Casper Brust

13. Birthplace Unknown

MOTHER

14. Maiden Name Selma Haberkorn

15. Birthplace Unknown

16 (a) Informant G. Albert Virts

(b) Address Frederick, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 5 39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet

Location Frederick, Md

18 (a) Funeral director H. E. Couty Co

(b) Address Frederick

19 (a) 5 - Sept 1939 (Date rec'd by registrar) (b) Dora J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 1st 1939, at 8:45 P M

21. I certify that death occurred on the date above stated, that I attended deceased from Aug 30 1939 to Sept 1st 1939, and that I last saw him alive on Sept 1st 1939

Immediate cause of death	Duration
(a) Cerebral Hemorrhage	2d
Due to (b) Arterio Sclerosis	5 years
Due to	10 years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank H. Hewitt M.D. or other

Address Frederick Date signed Sept 2 1939.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 13

CERTIFICATE OF DEATH

82-a

08995

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 111 E. Sixth St.,
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 15 years

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 111 E. Sixth St., (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mrs. Margaret Ellen Clark

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: female

5. Color or race: white

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: married

6 (b) Name of husband or ~~wife~~: George V. Clark

6. (c) If alive, give age 66 years

7. Birth date of deceased (mo., day, yr.) Dec. 28, 1870

8. AGE: Years 68 | Months 9 | Days 1 | If less than one day ____ hr. ____ min.

9. Birthplace Nr. Pearl, Fred., Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Franklin Hamilton,
13. Birthplace Frederick, Maryland, R.D.

MOTHER
14. Maiden Name Emma Sheets,
15. Birthplace Frederick, Md. R.D.

16 (a) Informant Mrs. George V. Clark,
(b) Address Frederick, Maryland.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10/2/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Frederick Memorial
Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison, & Son,
(b) Address Frederick, Maryland.

19 (a) 30-Sept-39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 29, 1939, at 4.10 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 29 1939 to Sept 29 1939 and that I last saw him alive on Sept 29 1939

Immediate cause of death ____ Duration

Due to Pyloric Stenosis 10 years

Due to Colloid Carcinoma 1 D

Other conditions Cyst

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged ststistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank R. Heyser M. D. or other

Address Frederick, Md. Date signed 9/30/39

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 139

CERTIFICATE OF DEATH

08996

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town State Sanatorium (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: State Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1mo. 11days
(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County
(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)
(d) Street No. 4411 Glenmore Avenue - Balto. Co. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Allen H. Cross, Jr.

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Divorced

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 10, 1895

8. AGE: Years 44 | Months 5 | Days 2 | If less than one day ____hr. ____min.

9. Birthplace Baltimore, Maryland (Town, county, and state)

10. Usual occupation Loftsman

11. Industry or business Shipyard

FATHER
12. Name Allen H. Cross
13. Birthplace Maryland

MOTHER
14. Maiden Name Elizabeth A. Donnet
15. Birthplace Scotland

16 (a) Informant Allen H. Cross, Jr.
(b) Address Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/15/39 (month) (day) (year)
(c) Cemetery or crematory Woodlawn
Location Baltimore, Md.

18 (a) Funeral director M. L. Creager
(b) Address Thurmont, Md.

19 (a) 9-13-39 (Date received by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 12 1939, at 1:00 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 23 1939, to Sept. 12 1939, and that I last saw him alive on Sept. 12 1939.

Immediate cause of death Pulmonary tuberculosis — Duration 7½ yrs.
Due to Tubercle bacilli
Due to
Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stewart S. Shaffer M.D. M. D. or other
Address State Sanatorium, Md. Date signed 9/12/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
SEP 22 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

08997

(159)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 139

Village or City Foxville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Joseph Lee DeLanter If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	W.	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Sept 25-1939

7. AGE	Years	Months	Days	If LESS than 1 day, 7 hrs. or 1 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Foxville, Md.

FATHER

13. NAME Howard Leon DeLanter

14. BIRTHPLACE (city or town) (State or country) Foxville Md.

MOTHER

15. MAIDEN NAME Nina A. Lewis

16. BIRTHPLACE (city or town) (State or country) Garfield Md.

17. INFORMANT (Address) Howard L. DeLanter

18. BURIAL, CREMATION, OR REMOVAL

Place U. B. Cem. Date Sept. 26, 1939

Wolfsville

19. UNDERTAKER (Address) H. L. DeLanter

20. FILED Sept 26, 1939 H. W. Wolfe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 25 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1939, to Sept 25, 1939

I last saw him alive on Sept 25, 1939; death is said to have occurred on the date stated above, at 1 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Premature Birth Seven months

Date of onset

Other Contributory Causes of Importance: ✓

Name of operation ✓ Date of

What test confirmed diagnosis? ✓ Was there an autopsy? ✓

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 19

Where did injury occur? ✓ (Specify city or town, county and State) ✓

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? ✓

If so, specify ✓

(Signed) G. G. Koller M. D.

(Address) [illegible]

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
OCT 4 1939
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

WITHIN [illegible] DATE LIMITS

(82-a)

Reg. Dist. No. 141

08998

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Brunswick (If outside city or town limits, write RURAL and give town)

(c) Street address, ~~hospital, or institution~~: 523 Brunswick

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 43 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED

(a) State Maryland (b) County Frederick

(c) City or town Brunswick (If outside city or town limits, write RURAL and give town)

(d) Street No. 523 Brunswick (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Julia Lorena Dunn

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) June 28, 1895

8. AGE: Years 44 Months 2 Days 17 If less than one day ____ hr. ____ min.

9. Birthplace Sandy Hook, Md. Wash. Co. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John William Dunn
13. Birthplace Sandy Hook, Md

MOTHER
14. Maiden Name Mary Ann Carey
15. Birthplace Knoxville Md

16 (a) Informant John William Dunn
(b) Address 523 Brunswick St Brunswick Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 16 1939 (month) (day) (year)
(c) Cemetery or crematory St. Marys Catholic
Location Petersville, Md

18 (a) Funeral director Jesse S. Bailey
(b) Address Brunswick, Md

19 (a) 9/14/39 (Date rec'd by registrar) (b) Jas H. S. Hedges Registrar

MEDICAL CERTIFICATION

20. Date of death 9-14 1939, at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9-6 1939, to 9-14 1939, and that I last saw him alive on 9-13 1939.

Immediate cause of death: Cerebral He — Duration: 9 day

Due to: Hypertension

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury —

23. Signature [signature] M. D. or other

Address Brunswick Md Date signed 9-15-39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 139

CERTIFICATE OF DEATH

08999

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town State Sanatorium (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: State Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 5 days
(e) Length of stay in this community (yrs., mos., or days) same

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Howard
(c) City or town Jessup (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? Unknown years

3 (a) **FULL NAME** Joseph W. Durasyk

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 26, 1889

8. AGE: Years 50 | Months 0 | Days 2 | If less than one day ____ hr. ____ min.

9. Birthplace Germany (Town, county, and state)

10. Usual occupation Blacksmith

11. Industry or business

FATHER
12. Name Cazimerz Durasyk
13. Birthplace Germany (?)

MOTHER
14. Maiden Name Mary ---?---
15. Birthplace Germany

16 (a) Informant Joseph W. Durasyk
(b) Address Jessup, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Unknown (month) (day) (year)
(c) Cemetery or crematory Unknown/St. Stanislaus
Location Jessup, Md. Baltimore

18 (a) Funeral director M. L. Creamer
(b) Address Thurmont, Md.

19 (a) 9/29/39 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 29 1939, at 12:50 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 23 1939, to Sept. 29 1939, and that I last saw him alive on Sept. 29 1939.

Immediate cause of death	Duration
Pulmonary tuberculosis	10 mos.
Due to Tubercle bacilli	
Due to	
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Stewart S. Shaffer M.D. (M. D. or other)
Address State Sanatorium, Md. Date signed 9/29/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

09000

CERTIFICATE OF DEATH (131)

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick, Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 dep.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town New Market (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME George W. Dutrow

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex male

5. Color or race white

6 (a) ~~Single, married~~, widowed, or ~~divorced~~ widowed

6 (b) Name of ~~husband~~ or wife Mary M. Dutrow

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 4, 1870

8. AGE: Years 69 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name John Dutrow

13. Birthplace Maryland

MOTHER 14. Maiden Name Catherine Crum

15. Birthplace Maryland

16 (a) Informant Miss Adelsberger Emergency

(b) Address Hospital, Frederick, Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Sept 28 39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Lutheran Cem.

Location ~~Lutheran~~ Middletown

18 (a) Funeral director Gladhill Co.

(b) Address Middletown, Md.

19 (a) 28-Sept-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 25 1939, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 12 1939, to Sept 25 1939, and that I last saw him alive on Sept 25 1939.

Immediate cause of death	Duration
Uremia	Sept 12
Due to	39
Chronic parenchymatous	1937
Due to nephritis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B D Thomas M. D. or other

Address Frederick, Md Date signed Sept. 28. 39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 13

09001

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick, Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) ~~City~~ or town Liberty town - Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Irene Griffith

3 (b) If veteran, name war —

3 (c) Social Security No.

4 Sex: Female | 5. Color or race: Col. | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed

6 (b) Name of husband ~~or wife~~: Harry Griffith

~~Deceased~~

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1887

8. AGE: Years 51 | Months 11 | Days 24 | If less than one day ____hr. ____min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Milton Smith
13. Birthplace Maryland

MOTHER
14. Maiden Name Celia Costley
15. Birthplace Maryland

16 (a) Informant Miss Adelsberger Emergency
(b) Address Hospital, Frederick, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 22nd 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ John Wesley Libertytown
Location

18 (a) Funeral director Powell & Allaugh
(b) Address Libertytown Md

19 (a) 20-Sept-1939 (Date rec'd by registrar) (b) Isaac J. McGinnes, Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 19 1939, at 2 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 15 1939 to Sept 19 1939.
and that I last saw him alive on Sept 18 1939.

Immediate cause of death	Duration
Cerebral hemorrhage	Sept. 19-39
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. L. Thomas
M. D. or other
Address B. L. Thomas Date signed Sept. 19-39
Frederick, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

95

09002

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 335 E. Patrick

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 81

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 335 E. Patrick (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Miss. Annie Caroline Hahn

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: female

5. Color or race: white

6 (a) Single, ~~married, widowed, or divorced~~: single

6 (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Feb. 23, 1857

8. **AGE:** Years 81 | Months 6 | Days 10 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick, Frederick, Md. (Town, county, and state)

10. Usual occupation Housework

11. Industry or business At home

FATHER

12. Name Adolph Hahn

13. Birthplace Germany

MOTHER

14. Maiden Name Caroline Jacobsen

15. Birthplace Germany

16 (a) Informant Mrs. Clara H. Blackston

(b) Address Frederick, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/5/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Olivet

Location Frederick, Md.

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 4-Sept-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 3 1939, at 4:00 A M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 1939, to Sept. 3 1939, and that I last saw ~~him~~ her alive on Sept 2 1939.

Immediate cause of death: Myocardial Failure

Due to Arteriosclerotic Heart

Due to Disease and Senility

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

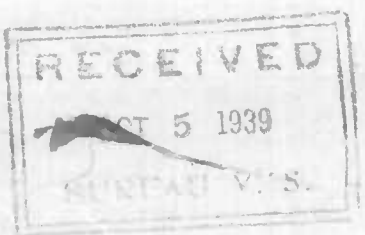
23. Signature Howard W. Ash M.D. (M. D. or other)

Address Frederick, Md Date signed 9/3/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.


RECEIVED
OCT 5 1939
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

WITHIN CORPORATE LIMITS OF

Reg. Dist. No. 141

CERTIFICATE OF DEATH

(82-a)

09003

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Brunswick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 35 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town Brunswick (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Jennie F Hahn

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Chas F Hahn

6. (c) If alive, give age 82 years

7. Birth date of deceased (mo., day, yr.) Feb 14 1872

8. AGE: Years 67 Months 7 Days 7 If less than one day hr. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Franklyn P Hamilton
13. Birthplace Md

MOTHER
14. Maiden Name Emma Sheets
15. Birthplace Maryland

16 (a) Informant Harry Hahn
(b) Address Brunswick Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 24 39 (month) (day) (year)
(c) Cemetery or crematory Park Heights
Location Brunswick Md

18 (a) Funeral director C H Ziegler & Son
(b) Address Brunswick Md

19 (a) Sept 23/39 (Date rec'd by registrar) (b) Mrs H S Hedges Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 21 1939, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 16 1939, to Sept 21 1939, and that I last saw him alive on Sept 20 1939.

Immediate cause of death Cerebral Hem

Due to

Due to

Other conditions Enteritis

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

Duration 9/16/39

4 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury —

23. Signature [signature] M. D. or other

Address Brunswick Md Date signed 9/26/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

(167)

09004

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Fielding Statutes - East Seventh St.

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 202 Rockwell Terrace (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Frederick Donald Haller

3 (b) If veteran, name war No —

3 (c) Social Security No. 217-10-9717

4. Sex Male

5. Color or race White

6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec 17th 1910

8. AGE: Years 28 Months 9 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Frederick Md (Town, county, and state)

10. Usual occupation Bookkeeper

11. Industry or business Garage & Filling Station

FATHER 12. Name Grayson B Haller

13. Birthplace Md

MOTHER 14. Maiden Name Cora E Fox

15. Birthplace Md

16 (a) Informant Grayson B Haller

(b) Address 202 Rockwell Terrace Fred Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Sept 30th 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt Olivet

Location Frederick Md

18 (a) Funeral director Powell & Albaugh

(b) Address Woodsboro Md

19 (a) 29-Sept 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death 28-Sept 1939, at 7.20 a.M

21. I certify that death occurred on the date above stated; that I attended ~~deceased from~~ _____ 19__, to _____ 19__, and that I last saw him ~~alive on~~ dead Sept 28 19 39

Immediate cause of death Gun shot wound to brain — Duration immediate

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide suicide

(b) Date of occurrence Sept 28. 39

(c) Where did injury occur? Frederick (City or town), Frederick (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Gasoline Station (Specify type of place) While at work? yes

(e) Means of injury 22 cal. revolver

23. Signature R. W. Baer Dept. Med. Ex. (M. D. or other)

Address Frederick Md Date signed Sept 29. 39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

09905

CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Montevue Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
Frederick County Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Nr. Adamstown Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME
Anna Catherine Harris

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: Colored

6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 17, 1937

8. AGE: Years 2 | Months 3 | Days 29 | If less than one day ____hr. ____min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Charles Harris
13. Birthplace Frederick County Maryland

MOTHER
14. Maiden Name Mary Catherine Ambush
15. Birthplace Frederick County Maryland

16 (a) Informant Miss E. Adlesberger
(b) Address Emergency Hospital

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 9/17/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Della A. M. E. Cem.
Location Nr. Buckeystown, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 16-Sept 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death September 16th 39, at 11 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 9/13 19 39, to 9/16 19 39, and that I last saw ~~him~~ her alive on 9/16 19 39.

Immediate cause of death	Duration
Meningitis	Sept 12
Due to Possible due to	
Due to Pneumonia acute	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B O Thomas
M. D. or other
Address Frederick, Md. Date signed 9/16/39

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 131

09006

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Visitation Convent
(d) Length of stay in hospital or inst. (yrs., mos., or days) 56 yrs.
(e) Length of stay in this community (yrs., mos., or days) 56 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. East 2nd St (If rural give location)
(e) If foreign born, how long in U. S. A.? Unknown years

3 (a) FULL NAME Mary Higgins (Sister Mary Ambrosia)

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: female

5. Color or race: white

6 (a) Single, ~~married, widowed, or divorced.~~: single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years 85 | Months ? | Days ? | If less than one day ____hr. ____min.

9. Birthplace Dromlague-Tullyvin, Co. Cavan, Ireland (Town, county, and state)

10. Usual occupation Sister of Visitation

11. Industry or business

FATHER
12. Name James Higgins
13. Birthplace Ireland

MOTHER
14. Maiden Name Ann Catherine (Unknown)
15. Birthplace Ireland

16 (a) Informant Sister Mary De Pabla
(b) Address Frederick, Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Sept 22 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Visitation Convent
Location Frederick

18 (a) Funeral director Harry E. Early Co.
(b) Address Frederick

19 (a) 9-23-39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 20 1939, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 10, 1938 to Sept 20 1939, and that I last saw ~~him~~ alive on Sept 20 1939.

Immediate cause of death	Duration
Arteriosclerosis	10 yrs
and Myocardial	
Due to degeneration	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D. or other

Address Frederick Md Date signed 9/21/39

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 161-a

Reg. Dist. No. 131

CERTIFICATE OF DEATH

09007

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick, Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 27 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) ~~City or town~~ Frederick, Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Burtonsville
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Clarence Elmer Jacobs, Jr.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex: male | 5. Color or race: white | 6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Sept. 19, 1939

8. AGE: Years | Months | Days: 27 | If less than one day: hr. min.

9. Birthplace: Frederick Co. Maryland
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER
12. Name Clarence Elmer Jacobs
13. Birthplace Md

MOTHER
14. Maiden Name Annie Marie Peddicord
15. Birthplace Md

16 (a) Informant Miss Adele Lerner, Emergency
(b) Address Hospital, Frederick, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 17 39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet Cemetery
Location Frederick, Md

18 (a) Funeral director M. E. Eichelberger & Son
(b) Address Frederick, Md

19 (a) 16-Oct-'39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 16 19 39, at 1 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 19 19 39, to Oct 16 19 39, and that I last saw him alive on Oct 16 19 39.

Immediate cause of death	Duration
Atelectasis	27 days
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature P. B. Thomas
M. D. or other
Address Frederick, Md Date signed Oct. 16 39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

09008

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 25 W. Fifth

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 24 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 25 W. Fifth (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Baby Girl Jones

3 (b) If veteran, name war none

3 (c) Social Security No. none

4. Sex female

5. Color or race white

6 (a) Single, ~~married, widowed,~~ or ~~divorced.~~ single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept. 25, 1939

8. AGE: Years 0 Months 0 Days 0 If less than one day ___ hr. 0 ___ min.

9. Birthplace Frederick, Fred., Md. (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER

12. Name Edward Smith,

13. Birthplace Frederick, Maryland.

MOTHER

14. Maiden Name Virgie Jones,

15. Birthplace Frederick, Maryland.

16 (a) Informant Miss. Virgie Jones.

(b) Address 25 W. Fifth St., Fred., Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Sept. 26, 39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet

Location Frederick, Md.

18 (a) Funeral director M. R. Etchison, & Son,

(b) Address Frederick, Maryland

19 (a) 26-Sept-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 25th., 1939, at 1 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 25 1939, to Sept. 25 1939, and that I last saw him ~~alive~~ still born 19

Immediate cause of death Breech presentation Head not delivered for 1 hour

Duration 1 hour

Due to Delay of birth of head

Due to Absence of help

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature W. M. Smith M.D. M. D. or other

Address Frederick, Md. Date signed 9/25/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09009

Reg. Dist. No. 153

1. PLACE OF DEATH

County Frederick

City or town Walkersville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 20 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Frederick

City or town Walkersville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Susan Kauffman

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Geo. Kauffman

6(c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) June 17 - 1866

8. AGE: Years 73 Months 4 Days 1 If less than one day ___ hrs. ___ min.

9. Birthplace Adams Co. Penna. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER 12. Name George Starner

13. Birthplace Penna

MOTHER 14. Maiden name Hannah E Jones

15. Birthplace Penna

16. Informant George Kauffman

Address Walkersville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 21 - 1939 (month) (day) (year)

Cemetery or crematory Lewistown Cemetery

Location Lewistown

18. Funeral director M. L. Creager Sons

Address Thurmont Md

19. Sept 19 39 (Date rec'd by registrar) R. Ward Stauffer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 18 1939, at 3:15 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 20 1939, to Sept 18 1939, and that I last saw her alive on Sept 17 1939.

Immediate cause of death: Nephritis, Cardiac decompensation

Due to Carcinoma liver

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. Elvester Day M. D. or other

Address Walkersville, Md Date signed Sept 19, 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

09010

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
115 Record Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 4 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No. 115 Record Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Miss Addie Keller

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced~~.
Female	White	Single

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) January 14, 1857

8. AGE: Years	Months	Days	If less than one day
82	8	4	_____ hr. _____ min.

9. Birthplace Frederick Co., Md.
(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Daniel Keller
13. Birthplace Frederick Co., Md.

MOTHER
14. Maiden Name Mary Ellen Hurd
15. Birthplace Frederick Co., Md.

16 (a) Informant Records from The Home of Aged
(b) Address 115 Record St., Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 21, 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Lutheran Cemetery
Location Middletown, Md.

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Md.

19 (a) 20-Sept 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 19 1939, at 7 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 14 1939, to Sept 19 1939, and that I last saw him alive on Sept 19 1939.

Immediate cause of death Softening of the Brain — Duration: more than one year

Due to _____

Due to _____

Other conditions Arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings:
Of operations /
Of autopsy /

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide /
(b) Date of occurrence /
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury /

23. Signature W. C. Johnson M.D.
M. D. or other

Address Fredk Md Date signed 9/20/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
OCT 5 1939
BUREAU Y. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09011

1. PLACE OF DEATH (93C)

County Frederick Registration Dist. No. 137

Village or City Near Libertytown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME John Thomas Key

(a) Residence No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: Black

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Balzora Biggus

6. DATE OF BIRTH (month, day, and year): some time 1874

7. AGE: Years 65 | Months | Days | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farm Laborer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year): April 1939

11. Total time (years) spent in this occupation: Life

12. BIRTHPLACE (city or town) (State or country): Md

FATHER

13. NAME: Tobias Key

14. BIRTHPLACE (city or town) (State or country): Md

MOTHER

15. MAIDEN NAME: Susan Butler

16. BIRTHPLACE (city or town) (State or country): Md

17. INFORMANT: Margaret Key

(Address) Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL

Place Libertytown Date Sept 3rd, 1939

19. UNDERTAKER: Powell & Albaugh

(Address) Libertytown Md

20. FILED Sept 2, 1939 M. D. Cerfman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 1st (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1938, to Aug - 31, 1939

I last saw him alive on July - 7, 1939; death is said to have occurred on the date stated above at 9 a m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	June 38

Other Contributory Causes of importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of Injury ___

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ___

(Signed) Otis B. Stone M. D.

(Address) Libertytown Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 4 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

09012

CERTIFICATE OF DEATH

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: State Sanatorium
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium

(d) Length of stay in hospital or inst. (yrs., mos., or days): 6mo. 22days

(e) Length of stay in this community (yrs., mos., or days): same

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County:

(c) City or town: Baltimore
(If outside city or town limits, write RURAL and give town)

(d) Street No.: 2112 East Madison Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME**: William H. Klug

3 (b) If veteran, name war:

3 (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife:

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug. 10, 1901

8. **AGE:** Years: 38 | Months: 1 | Days: 20 | If less than one day: ____ hr. ____ min.

9. Birthplace: Baltimore, Maryland
(Town, county, and state)

10. Usual occupation: Book clerk

11. Industry or business: Race track

FATHER

12. Name: Benjamin Klug

13. Birthplace: Baltimore, Md.

MOTHER

14. Maiden Name: Catherine Wagner

15. Birthplace: Pikesville, Md.

16 (a) Informant: William H. Klug

(b) Address: Baltimore, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof: Unknown (month) (day) (year)

(c) Cemetery or crematory: Unknown

Location: Baltimore, Md.

18 (a) Funeral director: M. L. Creager

(b) Address: Thurmont, Md.

19 (a) 4/4/39 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death: Sept. 30 19 39 at 10:55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 8 19 39, to Sept. 30 19 39, and that I last saw him alive on Sept. 30 19 39

Immediate cause of death	Duration
Pulmonary tuberculosis	1 yr. 6mo.
Due to: Tubercle bacilli	
Due to:	
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. **Signature**: Stewart S. Shaffer M.D.
M. D. or other

Address: State Sanatorium, Md. Date signed: 9/30/39

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (18)

CERTIFICATE OF DEATH

09013

Reg. Dist. No. 144

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Rural Near Thurmont
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 34-3-28

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Frederick
City or town: Rural near Thurmont Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Agnes Marcella Knott

3. (b) Social Security Number:

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Guy A. Knott
6(c) If alive, give age: 44 years

7. Birth date of deceased (mo., day, yr.): April IIth. 1905

8. AGE: Years	Months	Days	If less than one day
34	3	28	hrs. min.

9. Birthplace: Emmitsburg. Fredk Co. MD
(Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Own home
FATHER 12. Name: Robert Kritz
13. Birthplace: Wilkesboro Pa.
MOTHER 14. Maiden name: Mary Cook.
15. Birthplace: Westminister. MD
16. Informant: Guy A. Knott.
Address: Thurmont. MD
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Sept I2th39 (month) (day) (year)
Cemetery or crematory: St. Anthony Com
Location: Near Emmitsburg
18. Funeral director: M. L. Creager & Son
Address: Thurmont MD
19. Sept. 11 1939 (Date rec'd by registrar) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 9th.39 19___, at 9;45A:M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 3 1939, to Sept 9 1939, and that I last saw h__ alive on Sept. 8 1939.

Immediate cause of death	DURATION
Addison's Disease	1 yr
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Roland R. Diller M.D.
M. D. or other
Address: Detour Md Date signed: Sept 9 39

RECEIVED
OCT 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (144C)

CERTIFICATE OF DEATH

09014

Reg. Dist. No. 139

1. PLACE OF DEATH:
County: Fred. Co. Md
City or town: Near Foxville Fred Co Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: none
Stay in hospital or inst. (yrs., or mos., or days): none
Stay in this community (yrs., or mos., or days): 7

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Fred
City or town: Rural - Near Foxville Fred Co Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: none
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Maree Kuhn

3. (b) Social Security Number:

4. Sex: Female
5. Color or race: White
6. (a) Single, married, widowed, or divorced: married
6 (b) Name of husband or ~~wife~~: Edward Kuhn
6 (c) If alive, give age: 22 years
7. Birth date of deceased (mo., day, yr.): 1-10 1916 Jan. 10, 1916

8. AGE: Years: 23 Months: 8 Days: 1 If less than one day: — hrs. — min.

9. Birthplace: Near Foxville Fred Co Md
(Town, county, and state)
10. Usual occupation: House Wife
11. Industry or business: none

FATHER
12. Name: Nicholas Green
13. Birthplace: Near Garfield Fred Co Md

MOTHER
14. Maiden name: Grace Missinger
15. Birthplace: Near Garfield Fred Co Md

16. Informant: Edward Kuhn
Address: Lantz Fred. Co Md R.F.D.
Mt. Pleasant Cemetery Date thereof: 9-13 1939
(Burial, cremation, or removal Which?) (month) (day) (year)
Cemetery or crematory: Mt. Pleasant Cemetery
Location: Mt. Pleasant - Near Pleasant Valley
18. Funeral director: Geo. B. Hoover
Address: Smithsburg Md
19. Sept 12 1939 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: September 11, 1939, at 8:30 PM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 9 1939, to Sept 11, 1939
and that I last saw her alive on Sept 11, 1939
Immediate cause of death: Post partum hemorrhage
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Walter L. Wolfinger M. D. or other
Address: Smithsburg Date signed: 9/11/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

09015

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County: Frederick

(b) ~~City or town~~: Rural (Shookstown)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days):

(e) Length of stay in this community (yrs., mos., or days): 70yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Maryland (b) County: Frederick

(c) ~~City or town~~: Rural (Shookstown)
(If outside city or town limits, write RURAL and give town)

(d) Street No.: 3 mile west of Frederick
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME**: Annie Mary Miss

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: F

5. Color or race: W

6 (a) ~~Single~~, married, ~~widowed~~, or divorced: Married

6 (b) Name of husband ~~or wife~~: Charles L. Miss

6. (c) If alive, give age: 72 years

7. Birth date of deceased (mo., day, yr.): Aug. 29-1869

8. **AGE:** Years: 70 | Months: 0 | Days: 7 | If less than one day: _____hr. _____min.

9. Birthplace: Shookstown Maryland
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Home

FATHER
12. Name: John Frederick Masser
13. Birthplace: Germany

MOTHER
14. Maiden Name: Elizabeth X Kipp
15. Birthplace: Germany

16 (a) Informant: Charles L. Miss
(b) Address: Shookstown, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof: Sept. 1-39 (month) (day) (year)

(c) Cemetery ~~or crematory~~: Mt. Olivet
Location: Frederick Md.

18 (a) Funeral director: C. E. Cline and Son

(b) Address: Frederick, Md.

19 (a) 5-Sept 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death: Sept 3 1939, at 6-30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 32 1939 to Sept 3 1939, and that I last saw him alive on Sept 3 1939.

	Duration
Immediate cause of death: Cerebral Hemorrhage	2 hours
Due to: Arterio Sclerosis	5 years
Due to: Carcinoma of Liver Bowels and Rectum	1 year
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Frank H. Hess M. D. (M. D. or other)

Address: Frederick Date signed: 5-Sept 1939

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BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09016

(46-B)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 147

Village or City Mt. Airy, Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Edward M. Molesworth If U. S. Veteran, specify WAR

(a) Residence: No. Mt. Airy, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Annie Demuth Molesworth

6. DATE OF BIRTH (month, day, and year) April 11, 1860

7. AGE Years 79 Months 4 Days 23 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Frederick Co (State or country) Md

FATHER

13. NAME George W. Molesworth

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Cordelia Wilson

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Mrs. Annie Molesworth (Address) Mt. Airy, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Pine Grove Cemty Date Sept. 6, 1939

19. UNDERTAKER C. M. Waltz (Address) Winfield Md.

20. FILED Sept 5, 1939 Archley P. Molesworth Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 4 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Aug, 1938 to Sept 4, 1939

I last saw him alive on Sept 4, 1939; death is said to have occurred on the date stated above, at 12:45 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Carcinoma of Stomach

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Physical findings Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or Injury in any way related to occupation of deceased? no

If so, specify

(Signed) C. M. Van Poole M. D.

(Address) Mt. Airy Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(M)

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 3 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09017

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH (95-d)

County Frederick — Registration Dist. No. 137

Village or City Libertytown — No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 31 yrs. ____ mos. ____ ds. How long in U. S. If of foreign birth? 32 yrs. ____ mos. ____ ds.

2. FULL NAME Shaggya Marie Monsay — U. S. Veteran, specify WAR ____

(a) Residence: No. Libertytown St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mathew Morrissey

6. DATE OF BIRTH (month, day, and year) May 13, 1863

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	76	4	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. ____

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Housewife

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Ireland

FATHER

13. NAME Michael Murphy

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Margaret Connell

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Deanna Murphy (Address) Philadelphia Pa

18. BURIAL, CREMATION, OR REMOVAL Place Libertytown Date Sept 27, 1939

19. UNDERTAKER Lowell Galbraith (Address) Libertytown md

20. FILED Sept 26, 1939 M S Carpenter Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 24 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb. 3 — 1939, to Sept. 24, 1939

I last saw her alive on Sept. 24, 1939; death is said to have occurred on the date stated above, at 2:45 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis	Unknown

Other Contributory Causes of Importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of Injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ____

Manner of injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) Wm. H. Beall M. D.

(Address) Libertytown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

09018

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days
(e) Length of stay in this community (yrs., mos., or days) 67 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) ~~City or town~~ Barthlomew (Rural) (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Rachel Priscilla Mount

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: female | 5. Color or race: white | 6 (a) ~~Single~~ married, ~~widowed, or~~ divorced: married

6 (b) Name of husband or ~~wife~~: Harry O. Mount

6. (c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) Aug 24 1872

8. AGE: Years 67 | Months 1 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Monrovia, Frederick, Md (Town, county, and state)

10. Usual occupation Home duties

11. Industry or business

FATHER
12. Name Wm Henry Baker
13. Birthplace Frederick, County Md

MOTHER
14. Maiden Name Harriet E. Poole
15. Birthplace Frederick Co Md

16 (a) Informant Harry O. Mount
(b) Address Barthlomew Md.

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof 9/26/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Kemptown
Location Kemptown, Md

18 (a) Funeral director Harry E. Eaby Co.
(b) Address Frederick, Md

19 (a) 25-Sept 39 (Date rec'd by registrar) (b) D. M. Lundy Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 24 1939, at 8 39 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 20 1939, to Sept 24 1939, and that I last saw ~~him~~ alive on Sept 24 1939.

	Duration
Immediate cause of death: Pneumonitis	4 days
Due to: Strangulated Hernia	5 days
Due to: Appendix abscess operation	34 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations Gangrene of Intestine
Pneumonitis - Sept 20
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank D. Worthington M. D. or other
Address Frederick - Md Date signed Sept 25 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

09019

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 18 days.
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. Kline Bartis Alley.
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Clarence Murphy.

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex: Male | 5. Color or race: Col. | 6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widowed.

6 (b) Name of ~~husband~~ or wife Cassey Barnes

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 62? | Months | Days | If less than one day _____ hr. _____ min.

9. Birthplace Maryland.
(Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business

FATHER
12. Name Isiah Murphy.
13. Birthplace Md.

MOTHER
14. Maiden Name Hannah Smith
15. Birthplace Md.

16 (a) Informant Miss Cedelsberger Emergency
(b) Address Hospital Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept-3-1939 (month) (day) (year)
(c) Cemetery Fairview
Location near Frederick Md.

18 (a) Funeral director C. E. Klein & Son
(b) Address Frederick Md.

19 (a) 2-Sept-1939 (Date rec'd by registrar) (b) Ira J. McCleary Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 2 1939 at 1 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 6 1939 to Sept 2 1939, and that I last saw him alive on Sept. 1 1939.

Immediate cause of death	Duration
Cerebral hemorrhage	10 days
Due to arterio-sclerosis	Yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. O. Thomas M. D. or other
Address Frederick, Md. Date signed Sept. 2-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

09020

CERTIFICATE OF DEATH

(82-01)

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital ~~or inst.~~ (yrs., mos., or days) 5 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) ~~City~~ or town Libertytown (If outside city or town limits, write RURAL and give town)

(d) Street No. (Rural) (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Walter Myers

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Male

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~ Widowed

6 (b) Name of ~~husband~~ or wife Georgianna Keller

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov 29th 1863

8. AGE: Years 75 Months 9 Days 29 If less than one day hr. 24 min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Henry Myers

13. Birthplace Maryland

MOTHER 14. Maiden Name Rosanna Brightful

15. Birthplace Maryland

16 (a) Informant Miss Adelsberger Emergency

(b) Address Hospital, Frederick Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Sept 29th 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Fairmount

Location Libertytown

18 (a) Funeral director Powell & Albaugh

(b) Address Libertytown Md

19 (a) 27 Sept 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 26 1939 at 3 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 23 1939, to Sept 26 1939, and that I last saw him alive on Sept 25 1939.

Immediate cause of death	Duration
Cerebral hemorrhage	Sept 22
Due to	39
Arteriosclerosis	1930
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature [signature] M. D. or other

Address Frederick, Md Date signed Sept. 27-39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09021

1. PLACE OF DEATH

County Frederick — Registration Dist. No. 14

Village or City Brunswick — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 48 yrs. — mos. — ds. How long in U. S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Daniel D Arndorff — If U. S. Veteran, specify WAR None

(a) Residence: No. 204 west B St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Carrie V Carter

6. DATE OF BIRTH (month, day, and year) aug 7 1877

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	62	—	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Conductor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. B & O R R

10. Date deceased last worked at this occupation (month and year) Nov 1937 — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) W Va (State or country)

FATHER

13. NAME Hezekiah Arndorff

14. BIRTHPLACE (city or town) W Va (State or country)

MOTHER

15. MAIDEN NAME Susan E Liebliter

16. BIRTHPLACE (city or town) W Va (State or country)

17. INFORMANT Mrs D Arndorff (Address) Brunswick Md

18. BURIAL, CREMATION, OR REMOVAL Place Brownsville Md Date Sept 8, 1939

19. UNDERTAKER C A Troxell (Address) Brunswick Md

20. FILED Sept 7, 1939 Mrs N. S. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 5 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Sept 4, 1939, to Sept 5, 1939

I last saw him alive on Sept 5, 1939; death is said to have occurred on the date stated above, at 12 noon

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 5 1939

Other Contributory Causes of Importance:

Name of operation — Date of

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) William Arndorff M.D.

(Address) Brunswick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 4, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

(159)

CERTIFICATE OF DEATH

09022

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) ½ hrs

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 108 N. Bentz St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Mary Patrica ~~Barron~~ Patson

3 (b) If veteran, name war	3 (c) Social Security No.	4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced.~~
None	None	Female	White	Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) September 11, 1939

8. AGE: Years	Months	Days	If less than one day
0	0	0	4 hr. ____ min.

9. Birthplace Frederick, Maryland (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER

12. Name George D. ~~Barron~~ Patson

13. Birthplace Frederick, Maryland

MOTHER

14. Maiden Name Alice G. Kerrigan

15. Birthplace Emitsburg, Maryland

16 (a) Informant Mr. George D. Patson

(b) Address 108 N. Bentz St., Fred'k, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/12/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ St. Joseph's Cemetery

Location Emitsburg, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 11-Sept-1939 (Date rec'd by registrar) (b) Irma J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 11 1939, at 10 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 11 1939, to Sept 11 1939, and that I last saw him alive on Sept. 11 1939

Immediate cause of death	Duration
Premature birth (7 months)	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R D Thomas M. D. or other

Address Frederick, Md Date signed Sept. 11 39

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OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93-d)

09023

Reg. Dist. No. 140

1. PLACE OF DEATH:

County Frederick

City or town Woodsboro

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Frederick

City or town Woodsboro Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Anna Mary Phillips

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	W	Widowed.

6 (b) Name of husband or wife Millard J. Phillips

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 13, 1860

8. AGE: Years	Months	Days	If less than one day
78	11	6	hrs. min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER 12. Name Eli Slagle

13. Birthplace Md.

MOTHER 14. Maiden name Anna Mary Wine

15. Birthplace Md.

16. Informant Miss Mildred Phillips

Address Woodsboro Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof Sept. 21. 1939 (month) (day) (year)

Cemetery or crematory Mt. Hope

Location Woodsboro Md.

18. Funeral director Powell & Albaugh

Address Woodsboro Md.

19. Sept 21 1939 (Date rec'd by registrar) L C Powell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 19 1939, at 2:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw h alive on 19

Dead on arrival

	DURATION
Immediate cause of death Myocarditis	
Due to Acute dilation of heart	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE Roland R. Miller M.D. M. D. or other

Address Detour Date signed 9/19/39

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

09024

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Shookstown, Fred. Md., R.D.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 73yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) ~~City or town~~ Shookstown, Fred., Md. R.D.
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rural
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mrs. Minnie Margaret Roberts

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: female

5. Color or race: white

6 (a) ~~Single, married,~~ widowed, or ~~divorced~~: widow

6 (b) Name of husband or ~~wife~~: George T. Roberts

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Sept. 22, 1866

8. AGE: Years 73 | Months 0 | Days 7 | If less than one day _____ hr. _____ min.

9. Birthplace Shookstown, Fred., Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Granison G. Shook,
13. Birthplace Shookstown, Md.

MOTHER
14. Maiden Name Barbra A. Grove,
15. Birthplace Shookstown, Md.

16 (a) Informant Miss. Helen E. Roberts,
(b) Address Frederick, Md. R. D. 3

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/2/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick, Md.

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland.

19 (a) BO-Sep 30 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 29th., 1939, at 7.30P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 10 1932, to Sept 29 1939, and that I last saw him alive on Sept 28 1939.

Immediate cause of death	Duration
Chronic Myocarditis	1937
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D. or other
Address Frederick, Md. Date signed 9/30/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr Thomas

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OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-C)

09025

CERTIFICATE OF DEATH

Reg. Dist. No. 137

1. PLACE OF DEATH:
County Frederick
City or town Fredericksburg
(If outside city or town limits, writs RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Frederick
City or town Fredericksburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George William Rogers

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Married

6 (b) Name of husband or wife Maggie J. Rogers
6(c) If alive, give age 81 years

7. Birth date of deceased (mo., day, yr.) Dec 29, 1857

8. AGE: Years 81 Months 8 Days 15 If less than one day ____ hrs. ____ min.

9. Birthplace Penna (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Farming

FATHER 12. Name Samuel Rogers
13. Birthplace Penna

MOTHER 14. Maiden name Josephine Klem
15. Birthplace York.

16. Informant Mrs. Desie Wagner
Address Keymar. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept. 17th, 1939 (month) (day) (year)
Cemetery or crematory Rocky Ridge Brethren
Location Rocky Ridge, Md.

18. Funeral director C.O. FUSS & SON
Address Taneytown, Md.

19. Sept 15 1939 (Date rec'd by registrar) W. D. Carpenter Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH September 14 1939 at 1:40 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 25 1939, to Sept. 13 1939, and that I last saw him alive on Sept 13 1939.

	DURATION
Immediate cause of death Chronic myocarditis	
Due to Acute Dilatation of heart	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Roland R. Dieter M.D. M. D. or other
Address Detour Md Date signed 9/14/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09026

(175)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 141

Village or City Near Burkettsville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 10 yrs. — mos. — ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Daniel Webster Rose If U. S. Veteran, specify WAR None

(a) Residence: No. Near Burkettsville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col.	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martha Brown

6. DATE OF BIRTH (month, day, and year) Oct. 14, 1895

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	45	11	27	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. Sailor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 2 mo. 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Md. (State or country)

FATHER

13. NAME Thomas Rose

14. BIRTHPLACE (city or town) N. C. (State or country)

MOTHER

15. MAIDEN NAME Malinda A. Patterson

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mrs Charlotte Lucas (Address) Burkettsville Md.

18. BURIAL, CREMATION, OR REMOVAL Burkettsville Md. Date Sept 15, 1939

19. UNDERTAKER C. H. Fuster Bro B. L. Fuster. (Address) Brunswick Md.

20. FILED Sept 13, 1939 Chas H. S. Hedges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 12, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from dead, 19, to, 19

I last saw him alive on Sept 12, 1939; death is said to have occurred on the date stated above, at 2 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Other Contributory Causes of importance: Hemorrhage	

Name of operation Date of

What test confirmed diegnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Homicide Date of injury Aug 31, 1939?

Where did injury occur? Fred. Co. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Hit with heavy

Nature of injury Instrument.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) R. W Barr M. D.

(Address) Fred. Co. Dep. Med. Examr.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 2 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

92-a

Reg. Dist. No. 131

CERTIFICATE OF DEATH

09027

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Frederick, City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 5days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) ~~City or~~ town McKaig, R.D. ~~Frederick~~
(If outside city or town limits, write RURAL and give town)

(d) Street No. R.D. Frederick, Md. Rural
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Bernard George Sheetenhelm

3 (b) If veteran, name war	3 (c) Social Security No.	4. Sex	5. Color or race	6 (a) Single, ~~married, widowed, or divorced.~~
none	none	male	white	single

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Jan. 2, 1877

8. AGE: Years	Months	Days	If less than one day
62	8	1	_____hr. _____min.

9. Birthplace McKaig, Frederick, Maryland
(Town, county, and state)

10. Usual occupation Dealer in Live Stock

11. Industry or business

FATHER
12. Name George Wm. Sheetenhelm,
13. Birthplace McKaig, Md.

MOTHER
14. Maiden Name Deborah Brengle,
15. Birthplace McKaig, Md.

16 (a) Informant Mr. Ezra R. Sheetenhelm,
(b) Address Frederick, Md. R. D. 2

17 (a) burial (b) Date thereof 9/6/39
(Burial, ~~cremation, or removal~~) (month) (day) (year)
(c) Cemetery or crematory Mt. Zion M.E.
Location McKaig, Maryland

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Maryland

19 (a) 9-Sept-1939 (b) Ira J. McCurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 3rd. 1939, at 3.55 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 20 1939, to Sept. 3 1939, and that I last saw him alive on Sept. 2 1939.

	Duration
Immediate cause of death Acute cardiac dilatation	Aug 31-39
Due to	
Mitral regurgitation	1925
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature R O Thomas
M. D. or other

Address Frederick, Md. Date signed Sept. 4-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

(159)

09028

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Montevue - Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 hrs.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) ~~City or~~ town Jefferson (If outside city or town limits, write RURAL and give town)

(d) Street No. Rural (If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Samuel Ellsworth Smith Jr.

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, ~~married, widowed,~~ or ~~divorced?~~

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 22-1939

8. AGE: Years | Months | Days | If less than one day 14 hr. min.

9. Birthplace Emergency Hospital Frederick Co Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Samuel Ellsworth Smith
13. Birthplace Frederick Co Maryland

MOTHER
14. Maiden Name Mary Catherine Stone
15. Birthplace Frederick Co. Maryland

16 (a) Informant Pauline Hildebrand R.N.

(b) Address Emergency Hospital.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 23-Sept 39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Montevue

Location Montevue Frederick Co

18 (a) Funeral director G. C. Grand Supt

(b) Address Frederick Rural

19 (a) 23-Sept 39 (Date rec'd by registrar) (b) J. M. Cundy Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 23 1939, at 8 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 22 1939, to Sept 23 1939, and that I last saw him alive on Sept 23 1939.

Immediate cause of death Premature birth (7 months)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. O. Thomas M. D. or other

Address Frederick Md Date signed Sept 23-39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (95E)

Reg. Dist. No. 130

09029

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or~~ town Buckeystown
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 35 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Buckeystown Md.
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Alice Savilla Speckx

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Al Speckx

6. (c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) Apr 4-1873

8. **AGE:** Years 66 Months 5 Days 12 If less than one day hr. min.

9. Birthplace Loudon Co. Va.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name John McGaha
13. Birthplace Virginia

MOTHER
14. Maiden Name Savilla Cooper
15. Birthplace Loudon Co. Va.

16 (a) Informant Walter L. Speckx
(b) Address Balto Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 20/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Monocacy
Location Beallsville Md.

18 (a) Funeral director C. E. Cline Son
(b) Address Frederick Md.

19 (a) Sept 19, 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 18 1939, at 9:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 4 1936, to Sept. 18 1939, and that I last saw ~~him~~ her alive on Sept. 18 1939.

Immediate cause of death	Duration
Acute Cardiac dilatation	15 min.
Due to Hypertensive heart disease	7 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles H. Conley, Jr. M. D. or other
Address Buckeystown Md. Date signed 9/18/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
OCT 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09030

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Frederick Registration Dist. No. 137

Village or City Rural near Libertytown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Edward Eugene Stitely

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) July 8th 1866

7. AGE	Yeers	Months	Days	If LESS than 1 dey, hrs. or min.
	73	1	29	

OCCUPATION

8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (yeers) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Md

FATHER

13. NAME Jacob E Stitely

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Frances Danner

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT Albert L Stitely (Address) Union Bridge Md

18. BURIAL, CREMATION, OR REMOVAL Place Union Chapel Oete Sept 10th 1939

19. UNDERTAKER Powell & Waugh (Address) Libertytown Md

20. FILED Sept 9, 1939 W. D. Overman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 7th (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Apr. 1938, to Sept 7th 1939

I last saw h[illegible] alive on Sept 7 - 1939; deeth is said to have occurred on the dete stated above, et 10:50 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of Importence were es follows:

	Date of onset
Aortic Regurgitation & Mitral Stenosis	Jan. 38

Other Contributory Causes of importance:

Neme of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way releted to occupation of deceased? No

If so, specify

(Signed) Otis B. Stone M. D.

(Address) Libertytown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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OCT 4 1933
U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

210-m

Reg. Dist. No. 136

CERTIFICATE OF DEATH

09031

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Urbana (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Route # 240 (Public Highway)

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 60

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Urbana (If outside city or town limits, write RURAL and give town)

(d) Street No. R. D. Frederick (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME William Henry Strube

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: male

5. Color or race: white

6 (a) Single, married, widowed, or divorced. widower

6 (b) Name of husband or wife Belle Droneburg

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 12 1864

8. AGE: Years 75 Months 6 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Frederick, Frederick, Md. (Town, county, and state)

10. Usual occupation Retired

11. Industry or business B. & O. R. R. Co.,

FATHER 12. Name Andrew Strube,

13. Birthplace Germany.

MOTHER 14. Maiden Name Roseanna Schrodel,

15. Birthplace Germany.

16 (a) Informant Mr. Albert Strube,

(b) Address Frederick, Md. R.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/39 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son,

(b) Address Frederick, Maryland.

19 (a) 9/27-39 (Date rec'd by registrar) (b) G. O. Hendrickson Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 25th, 1939, at 6.30P. M

21. I certify that death occurred on the date above stated; that I attended ~~deceased from~~ _____ 19__, to _____ 19__, and that I last saw him ~~alive~~ dead on Sept 25 1939.

Immediate cause of death Fracture of skull — Duration immediate

Due to Auto accident

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence Sept 25, 1939

(c) Where did injury occur? Urbanna Frederick (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? no (Specify type of place) While at work? no

(e) Means of injury auto mobile

23. Signature R. W. Rau Dept. Med. Ex. M. D. or other

Address Frederick, Md. Date signed 9/26/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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OCT 4 1939
BUREAU V. S.

WITHIN CORPORATE LIMITS

wb

STATE OF MARYLAND—CERTIFICATE OF DEATH

09032

1. PLACE OF DEATH

County Frederick Registration Dist. No. 141

Village or City Near Petersville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 54 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Effie Florence Sulcer If U. S. Veteran, specify WAR ✓

(a) Residence: No. Near Petersville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Wm S. Sulcer

6. DATE OF BIRTH (month, day, and year) Oct 8, 1854

7. AGE Years 84 Months 11 Days 21 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George Shafer

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Mary Darner

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Frank Sulcer Waynesboro, Pa.

18. BURIAL, CREMATION, OR REMOVAL Place St Marks Date Oct 2, 1939 near Petersville Md

19. UNDERTAKER (Address) C H Fritz & Bro Brunswick Md

20. FILED Sept 30, 1939 Wm H S. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 29 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from Nov, 1938, to Sept 29, 1939

I last saw her alive on Sept 28, 1939; death is said to have occurred on the date stated above, at 4:55 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Generalized arteriosclerosis	
Coronary Sclerosis	1938
Coronary Occlusion	9/3/39
Embolism of ant. tibial artery } Cgangrene of lower leg }	9/25/39

Other Contributory Causes of importance:

Malnutrition

Name of operation — Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) A. Lachlan Brice M. D.

(Address) Jefferson, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 2 1929
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

(48)

Reg. Dist. No. 131

09033

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 606 N. Market St

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 55 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 606 N. Market (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Minnie Moore Thomas

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex Female

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married

6 (b) Name of husband ~~or wife~~ Robert H. Thomas

6. (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Mch 20/84

8. AGE: Years 55 Months 5 Days 15 If less than one day _____ hr. _____ min.

9. Birthplace Montgomery Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Home

FATHER 12. Name Thomas G. Penn

13. Birthplace Mont. Co. Md.

MOTHER 14. Maiden Name Mary F. Duvall

15. Birthplace Montgomery Co. Md.

16 (a) Informant Mrs. Harry Dosh

(b) Address Frederick Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Sept. 6-39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Olivet

Location Frederick Md.

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick Md.

19 (a) 5-Sept 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 4th 1939, at 10 a M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1937 to Sept 4th 1939, and that I last saw him alive on Sept 4th 1939.

Immediate cause of death Cerebral Hemorrhage

Due to Artero Schmidt

Primary carcinoma of uterine cervix

Due to Duration: two years' cure

Other conditions Carcinoma of Rectum and uterus (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 48 hours, 5 years, 1 year

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank H. Heder M. D. or other

Address Frederick Md. Date signed Sept 7 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

#1

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (8)

Reg. Dist. No. 131

09034

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) ~~City or town~~ Frederick - Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State md. (b) County Frederick
(c) City or ~~town~~ Frederick md
(If outside city or town limits, write RURAL and give town)
(d) Street No. 109 - 5½ St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** I Baby Boy Thompson

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: male

5. Color or race: Colored

6 (a) Single, married, widowed, or divorced: Stillborn

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 25-1939

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day ____ hr. ____ min.

9. Birthplace Fredericks Co. md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Leroy Thompson
13. Birthplace Fredericks Co. md.

MOTHER
14. Maiden Name Henrietta Posey
15. Birthplace Fredericks Co. md.

16 (a) Informant Evangeline Rice R.N.
(b) Address Emergency Hospital Fred. md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/39 (month) (day) (year)
(c) Cemetery or crematory Fairview
Location Frederick, Md.

18 (a) Funeral director M. P. Gethman & Son
(b) Address Frederick, Md.

19 (a) 26 Sept 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 25 1939, at 5 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 25 1939, to Sept 25 1939 and that I last saw him alive on Sept 25 1939.

Immediate cause of death	Duration
Premature birth	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. **Signature** B. L. Thomas M. D. or other
Address Frederick, Md Date signed Sept 26-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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BUREAU V. S.

#II

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

09035

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No. 109 5½ St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Baby Boy Thompson

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex male

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. Still-born

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 25-1939

8. AGE: Years 0 Months 0 Days 0 If less than one day 0 hr. _____ min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Leroy Thompson
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Henrietta Posey
15. Birthplace Frederick Co. Md

16 (a) Informant Evangeline Rice R.N.
(b) Address Emergency Hospital Fred. Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/26/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Fairview
Location Frederick, Md

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Md

19 (a) 26 Sept 39 (Date rec'd by registrar) (b) J. M. Leundy Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 25 1939, at 5 50 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 25 1939, to Sept 25 1939, and that I last saw him ~~alive~~ Still born on Sept 25 1939.

Immediate cause of death: Premature birth

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. O. Thomas
M. D. or other

Address Frederick, Md Date signed Sept. 26-39

MARGIN RESERVED FOR BINDING

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

09036

(131)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 141

Village or City Brunswick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 37 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME John Alexander Van Pelt If U. S. Veteran, specify WAR no

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hanna M. Brown

6. DATE OF BIRTH (month, day, and year) Oct 8 1865

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	73	11	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Watch Maker

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 3 days 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) Virginia (State or country)

FATHER

13. NAME James Van Pelt

14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER

15. MAIDEN NAME Mary Alexander

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT Mark B. Van Pelt (Address) Brunswick Md.

18. BURIAL, CREMATION, OR REMOVAL Place Brunswick Md Date Sept 24, 1939

19. UNDERTAKER C. H. Fuls & Bro (Address) Brunswick Md.

20. FILED Sept 23, 1939 Jno H. S. Hedges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 23 (Day), 193 9 (Year)

22. I HEREBY CERTIFY That I attended deceased from Sept 19, 39 to Sept 23, 1939

I last saw h[illegible] alive on Sept 23, 1939; death is said to have occurred on the date stated above, at 5 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Nephritis Interstitial	9/1/39
Other Contributory Causes of Importance:	
Fever condition	3

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of Injury —

24. Was disease or injury in any way related to occupation of deceased? —

If so, specify

(Signed) J. H. Smith M. D.

(Address) Brunswick Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

09037

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick, Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 8 days

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City ~~or town~~ Frederick, (If outside city or town limits, write RURAL and give town)

(d) Street No. 9 E. Saint St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Richard Walker

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Male

5. Color or race Col.

6 (a) ~~Single~~, married, ~~widowed, or divorced~~ Married.

6 (b) Name of ~~husband~~ or wife Gertrude Walker

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) July 9, 1869

8. AGE: Years 70 Months 2 Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Barber.

11. Industry or business

FATHER 12. Name Phillip Walker

13. Birthplace Maryland

MOTHER 14. Maiden Name Emily Smith

15. Birthplace Maryland.

16 (a) Informant Miss Adelsberger Emergency

(b) Address Hospital, Frederick, Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/28/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Fairview Cemetery

Location Frederick, Md

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 27-Sept-39 (Date rec'd by registrar) (b) J. M. Lemley Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 26 1939, at 5 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 18 1939, to Sept 26 1939, and that I last saw him alive on Sept 26 1939.

Immediate cause of death	Duration
Cerebral hemorrhage	Sept. 17-39
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. O. Thomas M. D. or other

Address Frederick, Md Date signed Sept. 27-39

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(2 pm)

09038

Reg. Dist. No. 131

1. PLACE OF DEATH:

County Frederick

City ~~or town~~ Frederick City Hospital
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 6 Hours

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Frederick

~~City~~ or town Libertytown - Rural ~~Ward No.~~
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Albert Marion White

3. (b) Social Security Number —

4. Sex: Male

5. Color or race: White

6. (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug 3rd 1878

8. AGE: Years 61 Months 1 Days 16 If less than one day ____ hrs. ____ min.

9. Birthplace Fred co Md
(Town, county, and state)

10. Usual occupation Farm Hand

11. Industry or business

FATHER
12. Name Francis White
13. Birthplace Md

MOTHER
14. Maiden name Hannah M Fox
15. Birthplace Md

16. Informant Hiram White
Address Libertytown Md

17. Burial
(Burial, ~~cremation, or removal~~ (Which?)) Date thereof Sept 21st 1939
(month) (day) (year)

Cemetery ~~or crematory~~ Chapel

Location near Libertytown

18. Funeral director Powell H Albaugh
Address Libertytown Md

19. 20-Sept 1939 Ira J. McCurdy
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 19 1939, at 6.45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him ~~alive on~~ dead Sept 19 1939.

Immediate cause of death Hemorrhage Shock - Fracture of base of skull — DURATION 6 hrs.

Due to Compound comminuted

Due to fracture of rt leg.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, ~~suicide, or homicide~~ accident Date of Sept 18 39

Where did injury occur? Frederick Co. Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Ballenger Creek Road

Means of injury Automobile Injured at work? no

23. SIGNATURE R.W. Bon. Dr. Med. Ex.
M. D. or other

Address Frederick Md Date signed Sept 19 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death ~~clearly~~ and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

(82-a)

09039

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6yrs.

(e) Length of stay in this community (yrs., mos., or days) 6yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) ~~City or~~ town Brunswick
(If outside city or town limits, write RURAL and give town)

(d) Street No. _____
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Viola White

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex female

5. Color or race colored

6 (a) ~~Single~~, married, ~~widowed, or divorced~~. married

6 (b) Name of husband ~~or wife~~ William White

6. (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Sept. 30, 1885

8. AGE: Years 53 | Months 11 | Days 25 | If less than one day _____ hr. _____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Domestic, Fred., Md.

11. Industry or business

FATHER
12. Name Henry Jackson,
13. Birthplace Maryland

MOTHER
14. Maiden Name Martha Redman,
15. Birthplace Maryland

16 (a) Informant Miss. Adelsberger,
(b) Address Emergency Hosp., Fred., Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/27/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Farmers

Location Frederick, Md

18 (a) Funeral director M.R.Etchison & Son,
(b) Address Frederick, Maryland

19 (a) 26 Sept 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 25 1939, at 8 15 M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 24 1939, to Sept. 25 1939, and that I last saw ~~him~~ alive on Sept. 25 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	1 day
Due to Convulsions	?
Epilepsy	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature [signature] M. D. or other

Address Frederick, Md Date signed Sept. 25-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (23) Reg. Dist. No. 139

CERTIFICATE OF DEATH

09040

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town State Sanatorium (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: State Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2yrs. 3mo. 1day
(e) Length of stay in this community (yrs., mos., or days) Same

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Thurmont (If outside city or town limits, write RURAL and give town)
(d) Street No. ____ (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Etta D. Wilhide

3 (b) If veteran, name war ____ | 3 (c) Social Security No. ____

4. Sex: Female | 5. Color or race: White | 6 (a) Single, married, widowed, or divorced: Widow

6 (b) Name of husband or wife George E. Wilhide

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Aug. 30, 1883

8. AGE: Years 56 | Months 0 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Thurmont, Frederick Co., Md. (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name William H. Damuth
13. Birthplace Maryland

MOTHER
14. Maiden Name Julia Rouzer
15. Birthplace Maryland

16 (a) Informant Etta D. Wilhide
(b) Address Thurmont, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Unknown (month) (day) (year)
(c) Cemetery or crematory Thurmont
Location Thurmont, Md.

18 (a) Funeral director Wilhide & Creager
(b) Address Thurmont, Md.

19 (a) 9/20/39 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 20 19 39 at 12:15 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from June 19 19 37, to Sept. 20 19 39, and that I last saw him alive on Sept. 19 19 39

Immediate cause of death	Duration
Pulmonary tuberculosis	2½ yrs.
Coronary thromposis	
Diabetes mellitus	
Due to Tubercle bacilli	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature Stewart L. Shaffer M.D. (M., D., or other)
Address State Sanatorium, Md. Date signed 9/20/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

09041

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 hrs.
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED
(a) State Md. (b) County Frederick
(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 130 East St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Ethel Catherine Williams

3 (b) If veteran, name war —
3 (c) Social Security No. —

4 Sex: Female | 5. Color or race: Col. | 6 (a) ~~Single~~, married, ~~widowed, or divorced~~: married

6 (b) Name of husband ~~or wife~~: Estone Williams

6. (c) If alive, give age 39 years

7. Birth date of deceased (mo., day, yr.) Jan 17, 1901

8. AGE: Years 38 | Months 7 | Days 21 | If less than one day ____hr. ____min.

9. Birthplace Frederick, Md.
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Charles Johnson
13. Birthplace Frederick, Md

MOTHER
14. Maiden Name Cora Pleasants
15. Birthplace Frederick, Md.

16 (a) Informant Miss Adelsberger, Emergency
(b) Address Hospital, Frederick Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/11/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Fairview Cemetery
Location Mt. Fredericks

18 (a) Funeral director M. P. Etchison
(b) Address Frederick, Maryland

19 (a) 9-Sept-1939 (Date rec'd by registrar) (b) Dr. A. J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 8 1939, at 7 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 8 1939, to Sept 8 1939 and that I last saw him alive on Sept 8 1939.

Immediate cause of death	Duration
Uremia	7 days
Due to: Cardio. nephritis	1934
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B. O. Thomas
M. D. or other
Address Frederick Md Date signed Sept 9-39

RECEIVED
OCT 5 1939
BUREAU V. S.

09042

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(157c)

CERTIFICATE OF DEATH

Reg. Dist. No. 132

1. PLACE OF DEATH:

County Frederick

City or town Middletown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Frederick

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lena Lucille Wilson

3. (b) Social Security Number

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug. 14-1939

8. AGE: Years | Months | Days 22 | If less than one day hrs. min.

9. Birthplace Middletown, Frederick County, Maryland (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Geo. Wilson

13. Birthplace Md.

MOTHER 14. Maiden name Dorothy Mae Snurr

15. Birthplace Middletown, Md.

16. Informant Mrs. Albert Snurr

Address Middletown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Sept 6. 39 (month) (day) (year)

Cemetery or crematory Lutheran Cem.

Location Middletown, Md.

18. Funeral director Gladhill Co.

Address Middletown, Md.

19. Sept. 6 1939 (Date rec'd by registrar) D. Grayson Sanner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 5th 1939, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 14th 1939, to 19

and that I last saw h[illegible] alive on Aug 5th 1939

Immediate cause of death Malformation of mouth no

Due to Pallet [illegible] of mouth

Due to Congenital Heart

Other conditions Blue Body

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

CURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank H. Hedge M. D. or other

Address Frederick Date signed Sept 6th 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

09043

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 221 Lindberg Ave.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 68

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 221 Lindberg Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME David Charles Winebrenner, Jr.

3 (b) If veteran, name war none

3 (c) Social Security No. none

4. Sex male

5. Color or race white

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~. Married

6 (b) Name of ~~husband~~ or wife Heloise Denegre

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) July 31, 1871

8. AGE: Years 68 | Months 1 | Days 2 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick, Frederick, Md. (Town, county, and state)

10. Usual occupation Retired Merchant

11. Industry or business

FATHER
12. Name David C. Winebrenner,
13. Birthplace Woodsboro, Md.

MOTHER
14. Maiden Name Rebecca Markey,
15. Birthplace Frederick, Md.

16 (a) Informant Mrs. D.C.Winebrenner,

(b) Address 221 Lindberg Ave., Fred., Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Sept. 5, 39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mount Olivet

Location Frederick, Maryland.

18 (a) Funeral director M.R.Etchison & Son,

(b) Address Frederick, Maryland.

19 (a) 4th Sept 39 (Date rec'd by registrar) (b) J. M. Lemdy Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 3rd., 1939 at 11.45A M

21. I certify that death occurred on the date above stated; that I attended ~~deceased from _____ 19__, to _____ 19__~~, and that I last saw him ~~alive~~ dead on Sept 4 1939.

Immediate cause of death Coronary Thrombosis — Duration immediate

Due to Arteriosclerosis — 1 yr.

Due to Myocardial degeneration

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature P. W. Baer M. D. or other

Deputy Medical Examiner

Address Frederick, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

09044

Reg. Dist. No. 132

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Frederick
City or town: Middletown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Frederick
City or town: Ward No.
(If ontside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Nordie F. Young

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~: Ira J. Young
6(c) If alive, give age: 68 years

7. Birth date of deceased (mo., day, yr.): July 11 1872

8. AGE: Years: 67 Months: 1 Days: 29 If less than one day: hrs. min.

9. Birthplace: Keedysville, Washington County, Md.
(Town, county, and state)

10. Usual occupation: Farmers Wife

11. Industry or business:

FATHER
12. Name: Geo. W. Baker
13. Birthplace: Keedysville, Washington County, Md

MOTHER
14. Maiden name: Sara Criswell
15. Birthplace: Keedysville, Washington County, Md

16. Informant: Dr. J. Elmer Harp
Address: Middletown, Md.

17. Burial (Burial, ~~cremation~~, or removal ~~which?~~) Date thereof: Sept 12 1939 (month) (day) (year)
Cemetery or ~~crematory~~: Frederick Memorial
Location: Linden Hills, Frederick, Md

18. Funeral director: Gladhill & Co.
Address: Middletown, Md

19. Sept. 12 1939 (Date rec'd by registrar) D. Grayson Sanner Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept. 10 1939, at 9:10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1935, to Sept 8 1939, and that I last saw her alive on Sept 8 1939.

Immediate cause of death	DURATION
Acute Cardiac dilatation	suddenly
Due to	
Due to Chr. valvular Heart disease & Myocarditis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None.

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Elmer Harp M. D. or other
Address: Middletown Date signed 9-12-39

RECEIVED
OCT 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

09045

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Frederick Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Wilson Ave
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 20 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Frederick Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No. Wilson Ave
(If rural give location)
(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Lara Louisa Zeigler

3 (b) If veteran, name war: none
3 (c) Social Security No. none

4. Sex: female
5. Color or race: white
6 (a) Single, ~~married, widowed, or divorced:~~ single
6 (b) Name of husband or wife: none
6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Nov. 16 1853

8. AGE: Years 85 | Months 10 | Days 9 | If less than one day _____ hr. _____ min.

9. Birthplace Mechanicsburg, Cumberland Co, Pa
(Town, county, and state)
10. Usual occupation none
11. Industry or business

FATHER
12. Name Wm Zeigler
13. Birthplace New Kingston, Pa

MOTHER
14. Maiden Name Margaret A. Longsdorf
15. Birthplace New Kingston, Pa.

16 (a) Informant Earl Zeigler
(b) Address Frederick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 28, 1939 (month) (day) (year)
(c) Cemetery or crematory Longsdorf
Location New Kingston, Pa

18 (a) Funeral director Hardy & Eaby Co
(b) Address Frederick, Md.

19 (a) 27-Sept-39 (Date rec'd by registrar) (b) J. M. Crumbacker Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 25 1939 at 9 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 1 1938 to Sept. 25 1939, and that I last saw her alive on Sept. 25 1939.

Immediate cause of death: Chronic myocarditis — Duration 1 year
Due to Arterio sclerosis
Due to Senility
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Wm M. Smick M.D. (M. D. or other)
Address Frederick Md. Date signed Sept. 27-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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OCT 5 1939
BUREAU V. S.